

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 058355

2016 AUG 26 AM 9:49

STATE OF INDIANA)
)
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

LUBOMIR STOJANOVSKI, being duly sworn upon his oath, says:

1. That he was the husband of SPASA STOJANOVSKI, a/k/a STELLA STOJANOVSKI, who was named as a Grantee in a Warranty Deed recorded on December 30, 1975, of the following described real estate, to-wit:

Lot 66, Fountain Ridge 2nd, Unit #1, as shown in Plat Book 39, page 77, in the Office of the Recorder of Lake County, Indiana.

Property Number: 45-12-32-278-003.000-029

More Commonly known as: 1810 W. 95th Court, Crown Point, IN 46307

2. That the said SPASA STOJANOVSKI died on May 29, 2001, a resident of Crown Point, Lake County, Indiana, and at that time was the wife of affiant herein. A certified copy of the death certificate of SPASA STOJANOVSKI, a/k/a STELLA STOJANOVSKI, has been attached hereto and labeled as Exhibit "A".

3. That SPASA STOJANOVSKI and LUBOMIR STOJANOVSKI, as a married couple, held title to the property as husband and wife at the time of SPASA STOJANOVSKI'S death.

4. That the estate of SPASA STOJANOVSKI did not owe Federal Estate Taxes.
Further, Affiant Sayeth Not.

Lubomir Stojanovski
LUBOMIR STOJANOVSKI

Subscribed and sworn to before me, a Notary Public, this 23rd day of August, 2016.

My Commission Expires: 05/22/2019
County of Residence: Jasper



Kelly S. Drake
Kelly S. Drake, Notary Public

KELLY S. DRAKE
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Commission Expires May 22, 2019

This instrument prepared by Brian M. Smith
Law Offices of Brian M. Smith, P.C.
2260 W.93rd Avenue
Merrillville, IN 46410
(219) 769-2051



Return document to: Lubomir Stojanovski, 1810 W. 95th Court, Crown Point, IN 46307

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

AUG 26 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

131-
6580
PR

25530

ATTENTION: STATE DISCLOSURE OF INFORMATION ACT: We need to pursue our responsibilities and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 96003

Local No. 1237-0

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19.3

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | |
|---|--|--|---|--|
| 1. DECEASED NAME (First, Middle, Last) STELLA STOJANOVSKI | | 2. SEX Female | 3a. TIME OF DEATH 3:33 AM | 3b. DATE OF DEATH (Month, Day, Yr.) May 29, 2001 |
| 4. SOCIAL SECURITY NUMBER 7769 | | 5a. AGE (Last birthday) 65 | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 10 YRS Months: _____ Days: _____ |
| 6a. WAS DECEASED A U.S. VETERAN? No | | 6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | | 6c. DATE OF BIRTH (Mo., Day, Yr.) August 11, 1935 |
| 7. BIRTHPLACE (City and State or Foreign Country) Prespa, Macedonia | | 8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ | | |
| 9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Southlake Campus | | 9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville | | 9c. COUNTY OF DEATH Lake |
| 10. MARITAL STATUS (Specify) Married | | 11. SURVIVING SPOUSE (If with, give maiden name) Lubomir Stojanovski | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CO-OWNER/OPERATOR |
| 12b. KIND OF BUSINESS/INDUSTRY Travel Agency | | 13a. RESIDENCE, STATE Indiana | | |
| 13b. COUNTY Lake | | 13c. CITY, TOWN OR LOCATION Crown Point | | 13d. STREET AND NUMBER 1810 W. 95th Court |
| 14. ZIP CODE 46307 | | 15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 16. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 17. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | | 18. RACE White | | 19. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 |
| 20a. FATHER'S NAME (First, Middle, Last) George Spiric | | 20b. MOTHER'S NAME (First, Middle, Maiden Surname) Velika Korolovski | | |
| 21a. INFORMANT'S NAME (Typed) Lubomir Stojanovski | | 21b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1810 W. 95th Court, Crown Point, IN | | 21c. Relationship Husband |
| 22a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ | | 22b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 1, 2001 Calumet Park Cemetery | | 22c. LOCATION (City or Town, State) Merrillville, IN |
| 23a. EMBALMER'S NAME David W. Samplinski | | 23b. EMBALMER'S LICENSE NO. 008601322 | | 23c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 24. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24a. LICENSE NUMBER (of license) RD08601322 | | 24b. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME C. Burns Funeral Home 10201 Broadway, Crown Point, IN 46307-8801 |
| 25. PART I: Enter the disease, injuries, or complications that caused death. List only one cause on each line. congestive heart failure | | 25a. THIS IS A TRUE COPY OF THE RECORDING FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT AUG 11 2016 | | 25b. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 26. PART II: Other significant conditions contributing to death but not previously stated in Part I | | 27. WAS DECEASED PREGNANT? No | | 27a. WAS AN AUTOPSY? No |
| 28a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No | | 28c. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> HEALTH OFFICER |
| 29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Use 28b. if applicable) DR. OGA D. SERS 8815 S. BROADWAY MERRILLVILLE, IN 46307 | | 29a. MEDICAL LICENSE NO. 01028410 | | 29b. DATE SIGNED (Month, Day, Year) 5/31/01 |
| 30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Abode <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined | | 31. DATE OF INJURY (Month, Day, Year) 5/29/01 | | 31a. TIME OF INJURY |
| 32. PLACE OF INJURY (Specify building, etc.) Home | | 32a. INJURY AT WORK? (Yes or no) No | | 32b. DESCRIBE HOW INJURY OCCURRED |
| 33. DATE PRONOUNCED DEAD (Month, Day, Year) 5/29/01 | | 33a. MOTOR VEHICLE INVOLVED? No | | 33b. LOCATION (Street and Number, City or Town, State) |

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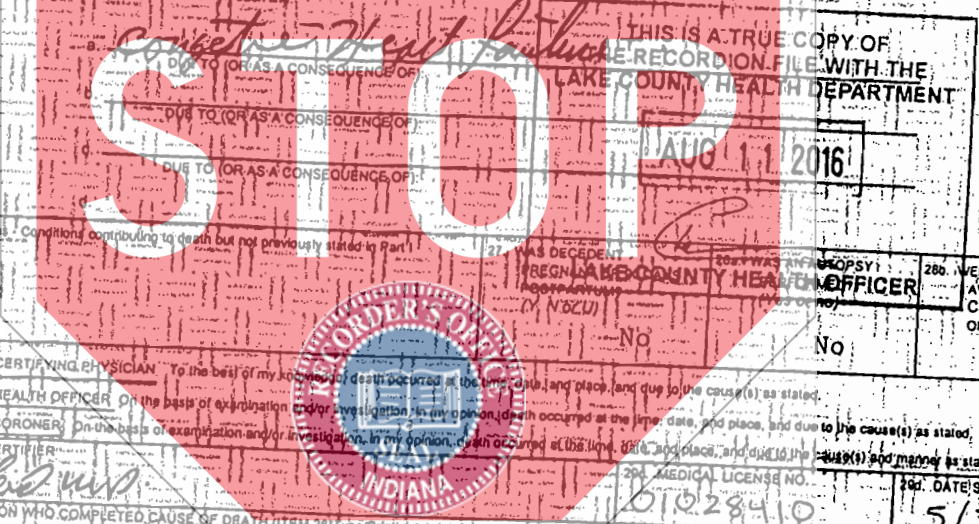
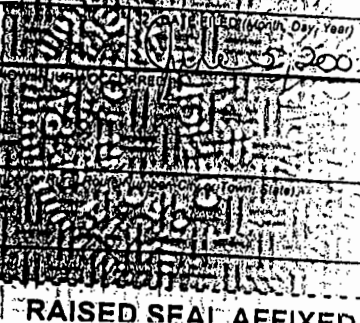


EXHIBIT "A"



RAISED SEAL AFFIXED